

APPLICATION DATA SHEET

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility – National Stage
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)::	No
Number of copies of CRF::	
Title::	METHODS OF AMINATION
Attorney Docket Number::	065435-9084-US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	<u>1st Inventor</u>
Primary Citizenship Country::	AU
Status::	
Given Name::	Andrew
Middle Name::	Bruce
Family Name::	Holmes
Name Suffix::	
City of Residence::	Melbourne
State or Province of Residence::	Victoria
Country of Residence::	AU
Street of mailing address::	54 Morrah Street Parkville
City of mailing address::	Melbourne
State or Province of mailing address::	Victoria
Country of mailing address::	AU
Postal or Zip Code of mailing address::	3052

Applicant Authority Type::	<u>2nd Inventor</u>
Primary Citizenship Country::	GB
Status::	
Given Name::	Catherine
Middle Name::	Janet
Family Name::	Smith
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	Cambridgeshire
Country of Residence::	GB
Street of mailing address::	106 Huntingdon Road
City of mailing address::	Cambridge
State or Province of mailing address::	Cambridgeshire
Country of mailing address::	GB
Postal or Zip Code of mailing address::	CB3 0HL

Applicant Authority Type::	<u>3rd Inventor</u>
Primary Citizenship Country::	AU
Status::	
Given Name::	Melanie
Middle Name::	Wing-Sze
Family Name::	Tsang
Name Suffix::	
City of Residence::	Melbourne
State or Province of Residence::	Victoria
Country of Residence::	AU
Street of mailing address::	19/121 Rathdowne Street
City of mailing address::	Carlton
State or Province of mailing address::	Melbourne
Country of mailing address::	Victoria
Postal or Zip Code of mailing address::	AU 3053

Applicant Authority Type::	<u>4th Inventor</u>
Primary Citizenship Country::	GB
Status::	
Given Name::	Theresa
Middle Name::	Rachel
Family Name::	Early
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	Cambridgeshire
Country of Residence::	GB
Street of mailing address::	10 Cliveden Close
City of mailing address::	Cambridge
State or Province of mailing address::	Cambridgeshire
Country of mailing address::	GB
Postal or Zip Code of mailing address::	CB4 3LX

Applicant Authority Type::	<u>5th Inventor</u>
Primary Citizenship Country::	GB
Status::	
Given Name::	Richard
Middle Name::	Eden
Family Name::	Shute
Name Suffix::	
City of Residence::	Macclesfield
State or Province of Residence::	Cheshire
Country of Residence::	GB
Street of mailing address::	AstraZeneca Alderley Park
City of mailing address::	Macclesfield
State or Province of mailing address::	Cheshire
Country of mailing address::	GB
Postal or Zip Code of mailing address::	SK10 4TF

Correspondence Information

Correspondence Customer Number::	023510
Name::	Michael Best & Friedrich LLP
Street of mailing address::	One South Pinckney Street, Suite 700 P.O. Box 1806
City of mailing address::	Madison
State or Province of mailing address::	WI
Country of mailing address::	US
Postal or Zip Code of mailing address::	53701-1806
Phone number::	(608) 257-3501
Fax Number::	(608) 283-2275
E-Mail addresses::	madipocket@michaelbest.com

Representative Information

Representative Customer Number::	023510
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-OR-

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/GB2005/001130	03/18/2005

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
GB	0406125.5	03/18/2004	Yes

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::